MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/599,396	9-27-06
APPLICANT(S)	

10-19-06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2				1		1	52						
3				1			53						
4				1			54						
5			1		1		55						
6				1		1	56						
7				1		1	57						
8				1			58						
9			1		1		59						
10				1		1	60						
11				1		1	61						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3		3		TOTAL IND.						
TOTAL DEP.			8		8		TOTAL DEP.						
TOTAL CLAIMS			11		11		TOTAL CLAIMS						

Barbara Campbell, PCT National Stage